Please type a plus sign (+) inside this box

Approved for use through 9/30/00. OMB 0851-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)			Attorney Docket Num First Named Inventor		81230.62US3 Patrick H. Hayes			
			COMPLETE IF KNOWN					
			Application Number	1				
☑Declaration Submitted	OR	☐Declaration Submitted after Initial	Filing Date	conc	urrent herewith			
With Initial	Filing (surcharge	Group Art Unit						
Filing		(37 CFR 1.16 (e)) reauired)	Examiner Name					

As a below named inventor, I hereby declare that:									
My residence, post office	address, and citizenship	are as stated below next	to my name.						
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:									
SYSTEM AND METHOD FOR USING A HAND HELD DEVICE TO DISPLAY A READABLE REPRESENTATION OF AN AUDIO TRACK									
the specification of which	(Title of	the Invention)			_				
is attached hereto									
OR									
□ was filed on (MM/DD/	YYYY)	as United States Ap	plication Number of	r PCT Internationa	ì				
Application Number	an	d was amended on (MM/DD/Y	YYY)	(i	f applicable).				
I hereby state that I have revie specifically referred to above.	wed and understand the con	tents of the above identified sp	ecification, including	g the claims as ar	nended				
I acknowledge the duty to disci	ose information which is ma	terial to patentability as defined	d in 37 CFR 1.56						
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.									
Prior Foreign Application		Foreign Filing Date	Priority	Certified Copy	Attached?				
Number(s)	Country	(MM/DD/YYYY) Country	Not Claimed	YES	NO				
Additional foreign application	Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:								
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.									
ApplicationNumber(s	ApplicationNumber(s) Filing Date (MM/DD/YYYY)								
60/264,767	01/29/2001		☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.						
		[Dags 1 of 9]							

[Page 1 of 3]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application. **Parent Patent Number Parent Filing Date U.S. Parent Application or PCT Parent** Number (MM/DD/YYYY) (if applicable)

As a named inven	tor, I hereby appoint the	following registered practition	oner(s) to prosecute th	nis application and to tra	ansact all business in the	
Patent and Trademark Office connected therewith		☐ Customer Number OR ☐ Registered practitioner	25541 (s) name/registration	number listed below	Alemantal Market Aleman Aleman Barra Collago	
N	lame	Registration Number		lame	PATE REGISTRATION OFFI	
☐Additional regis	tered practitioner(s) nam	ned on supplemental Registe	ered Practitioner Infor	mation sheet PTO/SB/0	02C attached hereto.	
		Customer Number or Bar Code Label	25541	OR □ Corre	respondance address below	
Name						
Address						
Address						
City			State	ZIP		
Country		Telephone		Fax	<u> </u>	

punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		☐ A petition has been filed for this unsigned inventor									
Given Name	(first and mi	ddle [if any])			Fa	mily Name o	r Surname	~~~		
Patrick H.					Hayes						
Inventor's Signature		deni	1 %	1-1	lcey	حتم		Date	7/1/01		
Residence: City	Mission Viejo	Sta	te CA	Cou	intry	USA		Citizenship	U.S.		
Post Office Address	22981 Arija										
Post Office Address											
City	Missio n Viejo	State	CA	ZIP	9269	1	Country	USA			
Additional inventors a	re being nam	ed on the 1	supplemen	tal Addition	al Invent	or(s) s	heet(s) PTO/S	SB/02A attached	hereto.		

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>3</u> of <u>3</u>

Name of Additional Jo	☐ A petition has been filed for this unsigned inventor							ed inventor			
Given Name (first and middle [if any])				Family Name or Surname							
Steve LanPing				Huang							
Inventor's Signature	Singra		<u> </u>				Da	ate	07/02/01		
Residence: City	Placentia	State	CA	Country			Citizenship		enship	U.S.	
Post Office Address	113 S. Washington	St.									
Post Office Address											
City	Placentia	State	CA	ZIP	92	870	Cou	Country			
Name of Additional Jo	oint Inventor, if any:				A petiti	on has been file	ed for th	nis unsi	gned inv	entor	
Given Na	me (first and middle [i	f any])		Family Name or Surname							
Joyce M				Presseau							
Inventor's Signature		,	3				Date				
Residence: City	Laguna Beach	State	CA	Country				Citizenship		U.S.	
Post Office Address	31591 Santa Rosa I	Orive									
Post Office Address											
City	Laguna Beach s	tate	CA	Zip 92651		Cou	Country USA				
Name of Additional Jo	int Inventor, if any:			☐ A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any])				Family Name or Surname							
Inventor's Signature		·					Date				
Residence: City		State	Country				Citizenship				
Post Office Address											
Post Office Address	ss										
City			Zip Co				ountry				

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231